

## STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

**RECEIVED** 

(RSA Chapter 15)

OCT 2 5 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	(s) Susan H. Paschell ; James P. M	10nahan
II. Name of lobbyist	's partnership, firm or corporation,	if any:
The Dupont Group (Name of partnership, firm	n or corporation)	
114 N Main St. Suit Business Address: (Street)	e 401 Concord, NH 03301 (Town/City) (State) (Zip Code)	
(603 )228-3322 (Telephone)	(603) 228-0713 (Fax)	e-mail jmonahan@dupontgroup.com
	covers: (Choose one – file separate ros s which are not attributable to any o	eports for each client, OR you may file a separate report for reportable me client).
All reportable t	ransactions occurring in the month pri	or to the reporting date relative to the following client:
Harvard Pilgrim He	ealth Care	
<u>OR</u>	(Full Name of Client as i	t appears on the Lobbyist Registration Form)
All reportable tra		e lobbyist's family), or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 26, 2017 activity from date of registration to	July 26, 2017 [
	October 25, 2017 X activity from 7/1/17 to 9/30/17	January 31, 2018
		ransactions made since the last report.   to the Secretary of State's Office, State House, Room 204, Concord, NH
VI. Check if additio	nal reports are attached: wed fees or made expenditures, you mu	st file Addendum A- Fees and Expenses
If you have paid a	an honorarium or reimbursed expenses	, you must file Addendum B- Report of Honorariums or Expense
☐ If you, your firm,	or your family has made political con	tributions, you must file Addendum C- Political Contributions.
Sworn Statement/A I have read RSA 15, best of my knowledg		wear or affirm that the foregoing information is true and complete to the
purau H.	faschell	
(Signature of lobbyist)		10/25/2017 (Date)
Susan H. Paschell (Print Name of lobbyist)		



I. Name of Lobbyist(s)

## STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

Susan H. Paschell ; James P. Monahan ;	- N.	
II. Name of lobbyist's partnership, firm or corporation, if any:		
The Dupont Group		
(Name of partnership, firm or corporation)		
III. Name of Client <u>Harvard Pilgrim Health Care</u> Date 1	0/25/2017	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above including fees for services such as public advocacy, government relations, or plegislation, and related legal work. The gross fee amount reported shall not be	public relations services including research, monitoring	
a) Total of all fees received in this reporting period	a) <b>\$27,500</b>	
b) Total of all fees received this calendar year, prior to this reporting period	b) \$5,500	
(This should equal the total of all prior monthly reports for this calendar year)		
c) Total of all fees received to date (Add lines a and b)	c) \$33,000	
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expense unrelated to any one client a separate report may be filed for the lobbyist(s)/fincategories of expenses: (a) the aggregate total of all expenses paid during the office expenses; (b) the aggregate total of all individual expenses where the expurchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person be itemized statement of each individual expenditure made during this reporting covered by (a) (for example: purchase of a meal with value of greater than \$2 subject of lobbying with a value greater than \$25, but not greater than \$50, refor honorariums, expense reimbursement, or political contributions will be reported.	enditures are made by the lobbyist(s)/firm that are rm. Expenses are to be reported in one of three reporting period for salaries, benefits, support staff, and expenditure was of \$25.00 or less (for example: meals the of a pen with a value of less than \$10 that is given to be lobbied with a value of \$25.00 or less); and (c) an apperiod of greater than \$25.00 for any purpose not 5, purchase of a ceremonial object to be given to the staurant expenses for a legislative reception). Expenses	
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	lobbying fees during this reporting period, including b
Paid to: Amount:	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that best of my knowledge and belief.  JULIUH . Jaschell	
10/25	/2017
(Signature of lobbyist) (Date)	<u> </u>
Susan H. Paschell	
(Print Name of lobbyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	ement/Affirmate and	ation by Lobbyist Expenses for:		
Name of Lo	bbying partner	ship, firm, or corpora	tion: The Dupont G	<u>Group</u>
Name of Cli	ient (leave blan	k if Statement is for t	he partnership, firm, or corpor	ration and not related to any particula
client): Ha	rvard Pilgrim	Health Care		
Date of Rep	ort (check one	) <i>:</i>		
April 26, 20	017 🗆	July 26, 2017	October 25, 2017 X	January 31, 2018 🔲
				enses described above, and the dendum forms being submitted):
_Addendun	n A(s).			
0 Addendun	n B(s).			
<u>0</u> Addendum	ı C(s).			
the best of n	ny knowledge a	and belief.	mation on the Statement and e	each Addendum is true and complete
Spr.	The			
(Signature o	of lobbyist)			<del></del> -
James P. Mo	- ,			